

Friends, Family and Carers' handbook



We hope you find this handbook helpful and that it supports you in your vital role

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All information in this booklet has been checked and was correct at the time it was sent for printing.

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Who is this handbook for?

This handbook is for anyone who cares for someone who is receiving care and treatment from Berkshire Healthcare NHS Foundation Trust. A carer can be a family member or friend of any age. You might be living with the person you support or providing support from a distance.

We know that support from family, friends and the community is invaluable and helps us provide a quality service to all our patients whether they have a physical or mental health condition. We also know that a person who has mental health illness or a Learning Disability has improved prospects of recovery if they have support from their family and friends. The Trust has a responsibility to provide the best possible treatment and care for people who use our services, and we know how important it is to work alongside carers and give them support too. Caring for someone can take its toll and can be physically, emotionally and practically demanding.

Carers say that having information early on helps. This handbook aims to provide you with information and guidance to help you feel informed, including what to expect from our services and where to go for further support both locally and nationally.



Friends, Family and Carers' Charter

We've worked with friends, family and carers to co-produce our Carers' Charter which **promotes a culture of supporting and working in partnership with carers**. We pledge to:

Identify carers

- Ask the people who use our services if they have a carer and how they want you to be involved
- Ensure you are visible throughout the patient's journey with us
- Support our staff to identify and engage with you

Recognise carers

- Listen to and respect you
- Acknowledge your expertise and ask your opinions
- Embrace the diversity of carers and value difference through inclusion for all

Inform and involve carers

- Keep you informed by sharing relevant and meaningful information
- Involve you in the planning and delivery of our services
- Explain why, if for legal reasons, we cannot inform or involve you
- Ask you for your feedback on our services

Guide and support carers

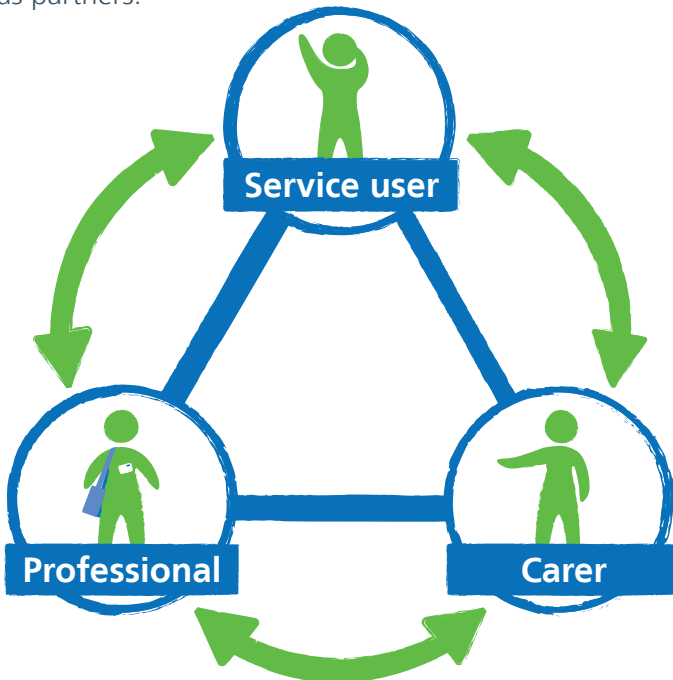
- Provide clear, accurate and understandable information
- Recognise the wellbeing needs of carers
- Connect you to local support across health and social care services and our voluntary sector partners

Our commitment to carers

We work in partnership with each of the local authorities across Berkshire (West Berkshire, Reading, Wokingham, Windsor and Maidenhead, Bracknell, and Slough) to recognise the essential role that carers take on in supporting people who have mental health problems, learning disabilities, problems with drugs or alcohol or long term health conditions. We also work closely with local support services to develop effective partnerships and ensure that carers are well informed and supported in their caring role.

We have adopted the principles set out in the **Triangle of Care**. This is a nationally recognised best practice guide which encourages a therapeutic alliance (collaborative/trusting relationship) between patients, staff and carers that promotes safety, supports recovery and sustains wellbeing.

We have a commitment and responsibility to work closely with all carers as partners.



Am I a carer?

A carer is someone who helps another person, usually a relative or friend, in their day to day life. The person you support may have physical or mental health problems, Learning Disabilities or may misuse drugs or alcohol. The other person would not manage without your support.

Often, we don't see ourselves as carers. We see the support we give as an extension of an existing relationship. No matter how you see yourself, you are a carer if you provide or arrange care for someone who struggles to cope without your support. They don't have to be living with you, but if they rely on you then you may be entitled to support as a carer.

How do you feel about being a carer?

Carers often express many different feelings about being a carer.

You may recognise that your role is rewarding, a responsibility taken on with a positive commitment and outlook. On the other hand your caring role may prevent you from doing other things that are important to you like having a job or making time to see your friends. This can lead to you feeling isolated.

Caring can also change your relationship with the person you care for and with others in your family. You may feel unprepared for how your life has changed.

Carers' rights

As a carer you have legal rights. Knowing your rights can help you get the support you need.

We have summarised below some of the most important aspects that we think are useful for carers to know.

Carers' legislation

The Care Act 2014 sets out carers' legal rights to assessment and support. The Care Act relates to adult carers (aged 18 and over) who are caring for another adult. This is because young carers (aged under 18) are assessed and supported under a separate children's legal framework.

The Children and Families Act 2014 gives young carers (and parent carers) similar rights to assessment as other carers have under the Care Act. A young carer is someone aged 18 or under who helps look after someone who has a mental health illness, drug or alcohol problem or long term health condition. Being a young carer can have an impact on a young person's health and wellbeing so it is essential they are identified, recognised, included, supported and referred onto services where appropriate.

Regulations under the Care Act 2014 set out how assessments of adults must be carried out to ensure the needs of the whole family are considered. This includes assessing what support an adult needs to enable them to fulfil their parental responsibilities towards their children, or to ensure that young people do not undertake inappropriate caring responsibilities.



Local authorities' responsibilities

The Care Act gives local authorities a responsibility to assess a carer's need for support. They must provide information, advice and support to prevent, reduce and delay a crisis. Your wellbeing is important and support should try to prevent any deterioration in your health and wellbeing.

Local authorities also commission specialist organisations to support young carers. Details of these organisations are available on our website: www.berkshirehealthcare.nhs.uk

What is a Carer's Assessment?

A Carer's Assessment is not an assessment of your ability to care but rather looks at what support you might need. It considers:

- The impact being a carer has on you and the person you care for ie. caring can affect your relationships, being able to work, it can also impact on the responsibilities that you may have for children or others
- The role you play in caring for the person you support. By understanding the whole picture it helps us promote the best support for everybody in your family including any children or young adults

The Carer's Assessment will be conducted with someone from the local authority or an organisation the local authority has commissioned to support carers. The individual will be trained in assessing carer needs. Depending on the local authority, the discussion may be face to face or over the telephone. Depending on the service you are accessing, our staff may complete the assessment or they may refer you to a partner organisation.



An Advocate is someone who can help you make decisions or to say what you want. Advocates can help you access information and services, explore choices and options, speak out about issues that matter to you and defend and promote your rights and responsibilities. If you would like an advocate to attend the assessment with you, let the assessor know and they will arrange it.

Subjects that might come up during your assessment could include:

- Practical and emotional support
- How to balance employment with caring, e.g., flexible working
- How best to help and support the person you care for
- Confidentiality and information sharing
- Your rights if the person you support refuses consent to share information
- Your own health, wellbeing and leisure needs
- Help with understanding recovery options that the person you support is being offered
- Welfare benefits
- Culturally appropriate support that is specific to your needs
- Are you supporting more than one person?

Depending on the outcome of your assessment, you may be offered a range of information and/or support.

You may have said that you feel willing but not able to continue with your caring responsibilities or you are not willing or able to provide the support to the person. With this information about your wishes, it can be ensured that a person's needs are supported appropriately.

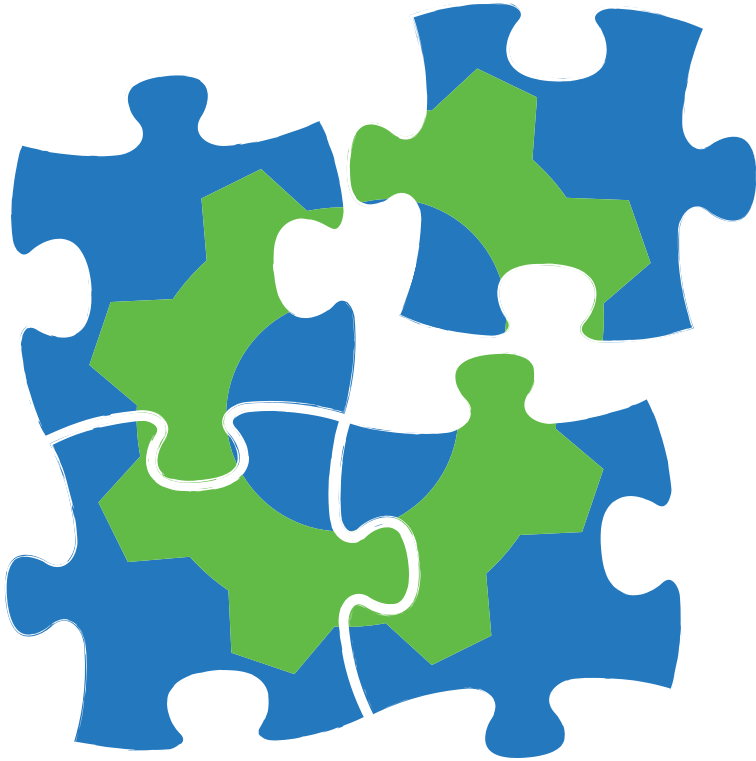
Care plan

A care plan is a written agreement that describes the support that someone using our services will receive, from whom and when, including information on what to do in the event of a crisis. A care plan should make sense, be helpful and reflect what the person receiving services thinks and feels. With the patient's consent, families and carers should be involved as much as possible in the development of a care plan.

As a carer or family member you should be given a copy of the plan and should be invited to regular meetings to discuss the plan, unless the person you care for has not given their consent.

If you are concerned that the care plan is not being followed, or if you have not been invited to any meetings or you are not being involved as much as you would like, you should speak to the care team or the healthcare professional involved with supporting the person you care for. Both you and the person you care for can ask for the care plan to be reviewed at any time.





Contingency plans

A contingency plan covers situations when you are unable to provide care. This could be because of an emergency or any other reason. It is important to have a contingency plan as it helps to anticipate situations which might cause a crisis if not planned for.

The plan can contain details such as a contact name and number of someone who is willing to help in an emergency. Details of the support you provide to the person receiving services and the services they are accessing.

Carers UK have helpful resources on their website ([carersuk.org](https://www.carersuk.org)) to help you consider what to put in your contingency plan.

Contingency plans can be shared across multiple agencies. They should be reviewed regularly to reflect any changes.

Sharing information and confidentiality

With the patient/service user's consent, we will aim to effectively communicate and engage with you. We'll explain why, if for legal reasons, we can't share information and we'll listen to you.

Confidentiality and information sharing can be complex, especially where a person withholds consent or does not have the capacity to consent.

Our staff are bound by law and professional codes of conduct. This includes a duty of confidentiality to our patients and to family/carers. We have a Friends, Family & Carers Charter which promotes a culture of supporting and working in partnership with carers. We hope this guidance helps set expectations about how information can be shared appropriately.



What types of information exist?

- **General information:** Information in the public domain such as leaflets, websites, legislation, rights of service users and carers, contact information for local and national services, how to access help including out of hours service contact details in the event of a crisis.
- **Personal information:** Specific information about the patient/service user, e.g., diagnosis, medication and its side effects, the care plan, discharge care planning, and contingency planning.
- **Sensitive personal information:** Information of a highly personal nature about the patient/service user. For example, use of illegal substances, details of previous sexual or emotional abuse, breaches of the law and patient's views about family members.

What is consent?

The word 'consent' means giving permission or agreement for something to happen. This guidance only covers what consent means in relation to using and sharing confidential patient information.

Has the person you care for given their explicit consent to share information?

The individual you are caring for needs to give their explicit consent for their confidential information to be shared with you by the health and care professionals working with them.

The patient/service user can decide:

- Who information can be shared with
- What information can be shared, e.g., whether this is limited to certain health issues or whether all information can be shared
- For what purpose the information can be shared e.g. whether only in emergencies or wider consent to contact nominated others to discuss general health issues.

Staff are encouraged to regularly review with the patient any agreement to share or withhold consent. Staff should explain to you what information can be shared and also explain why they cannot share certain information.

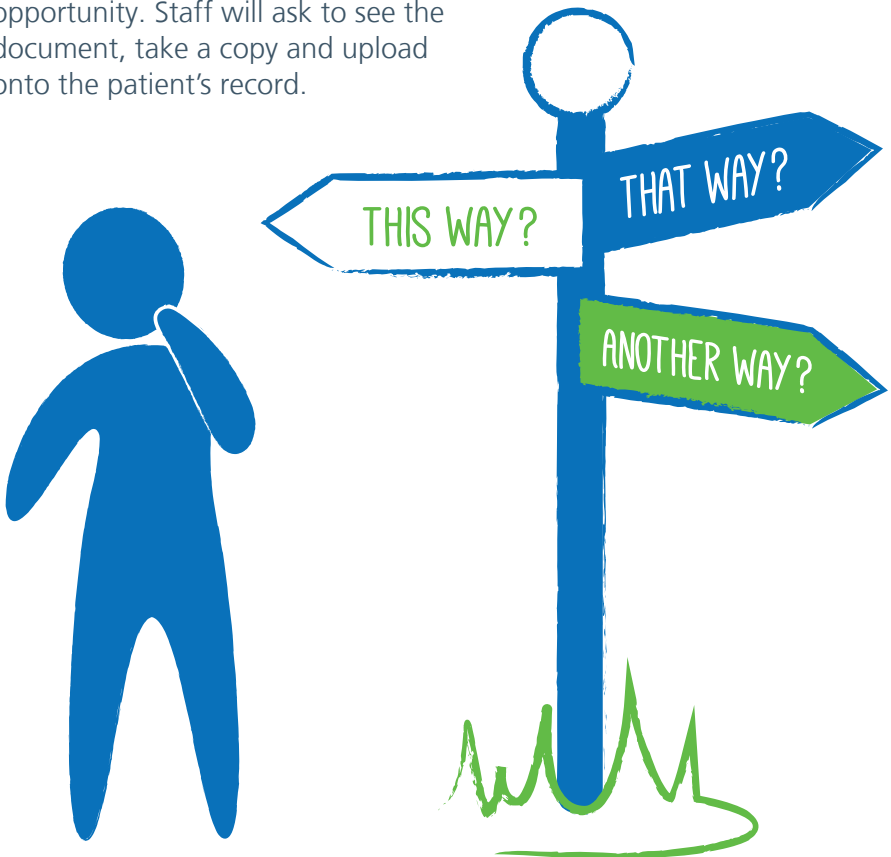
Staff must document these discussions in the patient's record.

What happens if the person I care for doesn't have capacity to give consent?

If the individual lacks capacity to give consent, then information may be shared with you if the health and care team considers it in the individual's best interest.

Information sharing can also be authorised by someone who has been appointed as a health and welfare Lasting Power of Attorney (LPA) for the individual receiving care, as long as it is in the person's best interests.

If you know that a health and welfare LPA exists for the individual you are caring for, please let our staff know at the earliest opportunity. Staff will ask to see the document, take a copy and upload onto the patient's record.



What general information can be shared?

Providing the information does not compromise the confidentiality restrictions requested by the patient, family/carers should be given general factual information about:

- The mental health or physical health diagnosis (if known)
- What behaviour is likely to occur and how to manage it
- Medication – benefits and possible side effects
- Local inpatient and community services
- Guidance on patient safety
- An outline of the care and treatment pathway
- Local and national support groups and resources

Our staff will work with you to ensure that you have sufficient information to allow you to care for the individual safely. This may be more general advice rather than sensitive information about the individual, to respect the individual's preferences.

Staff should talk to you to check what information you already know as this will help them assess what level of information can be given when sharing general information.

Where practicable, our staff should provide family/carers with the opportunity to see a professional on their own to have discussions in confidence. You should be able to voice your views and any concerns you may have.

Listening to you or offering emotional and practical support does not breach confidentiality.

If you are experiencing difficulties caring for someone because you do not have the information you need, you can discuss this with the team. They can explain to the individual the benefits of sharing information with you, however, any decision not to share will need to be respected.

Does the person you care for have a Lasting Power of Attorney?

It's important to note that there is no legal basis for a person's friend, family or carer (aka 'next of kin') to have legal decision making authority. Making a lasting power of attorney (LPA) is the best way to give someone you trust the legal authority to make decisions for you if you lose mental capacity. There are two types:

- Property and finance
- Health and welfare decisions

You must have mental capacity to make an LPA. It must be registered with the Office of the Public Guardian. There is a cost involved but people on a low income or benefits may be exempt or pay a reduced fee.

If the person you care for lacks mental capacity and does not have a health and welfare LPA, the Court of Protection may appoint a 'deputy'. Friends, family or carers can consider applying to become a deputy.

It is important to plan ahead, with the person you care for, to ensure you know their wishes and that you have the legal authority to make decisions in their best interest.

When can confidentiality be broken?

Any decision to break confidentiality must always be made in the best interest of the service user and to achieve the best possible outcome for them.

Confidential information can only be disclosed in exceptional circumstances such as where the service user's or someone else's health and well-being is under serious risk or where there is a public interest or legal reason for disclosure without consent.

If this decision is made, our staff would explain to you/the patient how and why the decision to breach consent is in their best interest.

Benefits (financial support)

As a carer, you may be entitled to certain benefits, or you may want to understand more about the benefits due to the person you care for.

The most up to date information about government benefits for carers is available from the Department of Work and Pensions (DWP) and Money Helper (formerly The Money Advice Service):

moneyhelper.org.uk



It may help to start by looking for the following information:

- The main benefits and tax credits that you can claim
- How benefits interact with each other
- How to claim each benefit
- How much you will get

The government website also has links to benefit calculators which may assist you to work out entitlements.

www.gov.uk/benefits-calculators

Understanding medication

Medication may be involved in the treatment of the person you care for. Carers can speak to healthcare professionals if they have any questions or concerns.

When a medication is dispensed by a pharmacy it will usually be supplied with a Patient Information Leaflet (PIL). This is a useful source of information that explains what a particular medication is for, how it should be taken and possible side effects.

You can also:

- speak to a pharmacist or your GP
- check the patient information leaflet that comes with the medication
- visit www.nhs.uk or call **111**

In an emergency

If you think the person you care for is having a severe reaction to their medication:

- call the team who is caring for them and ask to speak to the duty doctor, or
- call the NHS helpline on 111, or
- go direct to A&E at your local hospital.



Further information and resources

You may want to access the following websites if you want more information about medication and health conditions:

Choice and Medication

A database of expert information on medication choices, side effects, etc.

choiceandmedication.org

MHRA (Medicines and Healthcare products Regulatory Agency)

Latest information and updates about medical devices and drugs.

mhra.gov.uk

Easyhealth

Information about health conditions that is easy to read, includes pictures, and can be downloaded and printed.

easyhealth.org.uk

NICE (National Institute for Health and Care Excellence)

An independent organisation that produces evidence-based national guidance about medicine, treatment and procedures.

nice.org.uk

Mental health services

What will happen once the patient is referred?

Once referred our staff will arrange an initial assessment with the patient/service user. The team will ask about current needs and difficulties including any thoughts that they are finding distressing. The team is likely to ask the patient/service user about any physical conditions, social history and current support networks such as friends and family.

The team will discuss a care plan. This is a joint plan of the actions to be taken by the team and the patient/service user following the assessment. For example, within our mental health teams, this will typically include how often the team will visit the service user, referrals to other services that they may benefit from, any physical investigations that they may require, such as blood tests or ECG.

The care plan will be regularly reviewed by a multi-disciplinary team.

The Mental Health Act

The Mental Health Act 1983 (MHA) provides the legal framework that allows some people who are unwell to be admitted to hospital and have the appropriate care and treatment, including medication. It is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.

In most cases, when people are treated in hospital or another mental health facility, they have agreed or volunteered to be there. They may be referred to as a "voluntary patient". However, there are cases when a person can be detained (also known as sectioned) under the MHA and treated without their agreement.

People detained under the MHA are in urgent need of assessment and/or treatment for a mental health disorder and are a risk of harm to themselves or others.

The sections under the MHA used the most often for adult mental health patients are:

Section 2

Someone who is at risk of harm to themselves or others can be **admitted to hospital for up to 28 days**. They'll be assessed and treatment and medication may be given.

Section 3

Someone who is at risk of harm to themselves or others, and has a mental health diagnosis that requires treatment, **can be detained for up to six months**.

The section can be renewed or extended by the responsible clinician – initially for six months, then for a further six months, and subsequently for 12-month periods.

There is no limit to the number of times the responsible clinician can renew the Section 3.

The responsible clinician can also discharge the patient/service user from their section before it comes to an end. If this happens, the patient/service user is free to go home.

Section 136

Allows for an individual to be taken to a **place of safety** by a police officer if they appear to be suffering from a mental disorder and are in immediate need of care or control. This section will last for up to 24 hours but can be extended by a doctor for a further 12 hours for clinical reasons. During this time, an assessment will be completed that may result in a hospital admission as a voluntary or detained patient or a referral to another service be made.



Making sense of sectioning

Search online for this helpful video, developed by the mental health charity, **Mind**, that outlines what sectioning means and what rights a person who has been sectioned has.

Community Treatment Order (CTO)

A CTO allows certain detained patients to be treated safely in the community rather than remain in hospital. Certain conditions may be attached to a CTO around compliance with medication and engagement with the professionals.

Information about diagnosis

Caring for someone who has an illness or health condition can be difficult without clear information about their diagnosis, treatment options and medication. Understanding their diagnosis enables you to plan for the future and may mean other health and social care needs are also identified.

Rethink Mental Illness

The Rethink mental illness website (rethink.org) is an excellent source of information on mental health conditions in an easy to read and understandable format.

The website provides comprehensive information on symptoms, diagnosis, treatment and support. It also has a library of factsheets that cover useful topics such as: antipsychotics, hearing voices, mental health and prisons and talking therapies.

Mind

Visit mind.org.uk for several resources.

Understanding recovery

Recovery in mental health and learning disability services has a particular meaning, which is a little different from our usual understanding of the word recovery as it might apply to a physical health problem.

It refers more to a change in outlook that is related to leading a meaningful, purposeful life, with or without ongoing episodes of illness. It refers to the ongoing journey that someone will take.

in sustaining their own health and wellbeing – and how they are supported in doing this.

This can commonly include:

- Having the tools to sustain one's own health and wellbeing even with on-going symptoms
- A process or journey that involves regaining various aspects of life that may have been lost or severely compromised by mental illness or a learning disability.

There is no one size fits all. It's about the individual journey and circumstance.

When we talk about providing recovery oriented services, we mean services that:

- Are person-centred
- Are collaborative and respectful
- Promote self management and self-determination
- Work in equal partnership with the service user and carer
- Promote optimism and hope
- Take a broad and responsive approach (debt, housing, employment, social networks, therapies, medication, community support)

Recovery will have a different emphasis depending on the service, e.g., forensic, dementia, adult mental health, CAMHS, learning disability. However, in all of these situations it is important to us that the carer is involved in how we are delivering recovery oriented care.

There may be a Recovery College in your local area that supports people to improve their health and wellbeing through educational courses on a range of psychological, mental and physical health conditions. Visit our website for more information.

Getting help in a crisis

The care plan will include what to do if the person you care for suddenly becomes unwell. Within mental health, this is often called a crisis.

The service you are accessing should provide you with contact details of who to speak to in a crisis.

Going into hospital (mental health setting)

Most people are looked after in the community or at home. Some people need a stay in hospital.

People stay in hospital as a voluntary patient or under a section of the Mental Health Act. As a voluntary (or informal) patient they can leave hospital at any time and are not obliged to take medication or accept treatment.

If a person is in hospital under a section of the act, they need medical permission to leave the ward (called Section 17 leave) and may be expected to take medication and treatment.

You have specific rights if you are the “nearest relative” of someone being treated under the Mental Health Act. This is a legal term - it is not the same as next of kin or carer.

The Nearest Relative (NR) is the person appearing **highest** in the following list, if over the age of 18 and living in the UK (and being the eldest where there is more than one):

1. Spouse/civil partner
2. Son or daughter
3. Father or mother
4. Brother or sister
5. Grandparent
6. Grandchild
7. Uncle or aunt
8. Nephew or niece
9. People who have lived with the detained person for over five years

There are some exceptions to this rule: if you are a relative of the detained person and normally live with them or provide their care, you may be defined as the Nearest Relative.

The legal Nearest Relative can appoint someone else to act as Nearest Relative, who takes on the rights of this role. A Court can also appoint an acting Nearest Relative under certain circumstances.

Staff at the hospital will be able to help you understand whether you are the legal Nearest Relative to the person you care for.

What rights does the Nearest Relative have?

As the Nearest Relative, if the person you care for becomes seriously unwell and is unwilling to seek hospital care, you can:

- Ask an Approved Mental Health Professional (AMHP) to assess whether your relative needs to be admitted against their wishes (compulsory admission)
- Apply for a compulsory admission yourself

If an application is made for your relative to be admitted to hospital for assessment (section 2), you have the right to:

- Be informed about the admission

If an application is made for your relative to be admitted to hospital for assessment (section 3), you have the right to:

- Be consulted before the admission
- Object to the person being detained

Knowing how best to support the service user you care for can be challenging, especially if you see them experience acute distress, self-harm, changes in their behaviour or suicidal thoughts.

There are some key things to keep in mind during these times:

1. It may be useful to note the helpful and not-so-helpful approaches you have already tried in supporting the individual.
2. Sometimes it is valuable to understand their mental health diagnoses.
3. Keep a note of medication, changes to treatment and any questions you may have for the professionals involved in their care.
4. Sometimes keeping a diary of all appointments and meetings can be helpful.
5. When possible, continue to do shared daily activities.

We actively encourage service users to invite individuals from their social network (friends, family, carers), where they feel appropriate, to various parts of their care planning. This may include:

- Attending meetings or health appointments
- Providing history or background information about their support network
- Requesting or agreeing home visits
- Engaging with family sessions or assessments either either psychology or occupational therapy
- Attending Friends, Family & Carers events or clinics or support groups



Leaving hospital

Before leaving hospital, family and carers should be involved with the care team in drawing up a discharge plan. This plan should include a relapse prevention plan which makes sure everyone knows what to do if the person's mental health deteriorates again.

Some sectioned patients leave hospital under community treatment orders. These mean someone can be treated in the community so long as they follow certain conditions.

If we can't find a way to make the community treatment order work, or the person you care for becomes very unwell, they might be recalled to hospital.

Physical health services

Our services support patients with both physical and mental health conditions. People with mental health problems are at increased risk of physical illnesses. We also know that carers don't always look after their own wellbeing.

It is important to us that people receive care and attention for their physical health.

When considering physical health needs it's important we can gather information about past and present illnesses, undertake a review of current physical health and symptoms and consider lifestyle (including smoking, diet, exercise). Sometimes blood tests may be taken or we may monitor physical health through observations, blood pressure monitoring, etc.



Carer wellbeing

Carers sometimes focus on the person they are caring for and neglect their own wellbeing. We know it is hard, but it is important that you try to look after your own wellbeing. We've asked carers what has helped them, and we've collated their responses:

- Make time for yourself
- Learn to say 'no' as you cannot do everything
- Don't neglect your own health needs
- Find time to rest and get enough sleep
- Try to focus on the positive aspects of your life:
- What do you enjoy? What are you good at?
- Find an exercise you enjoy that gives you time for yourself
- Talk to someone: a friend, family member or support from a carer group
- Keep important telephone numbers accessible in/by your phone
- Ask your GP to register you as a carer as this will make it easier when seeking support and benefits
- Ask for a carers assessment or a review of your needs as this can help identify other ways to support you

Crisis care suggestions

Some mental health issues can result in 'crises' when a person is not coping with their acute distress, agitation or anger and they or others may be at risk of harm and need urgent help. This information may be useful if you're supporting someone in this kind of situation.

How can you, as a carer, help?

- Appear to be calm and in control. This could be challenging for you, but it'll be reassuring for them if you can.
- Focus on understanding, rather than replying. If the person has ideas that seem unhelpful or unrealistic, don't challenge these or simply agree with them. Ask how you can help them cope with the situation and their feelings, rather than debating their beliefs while they are agitated.
- Try not to respond to anger with anger and don't take any abuse personally.
- Watch specifically for what helps to calm them. Mention their name frequently and aim to listen as much as possible rather than talk.
- Keep a routine and offer meals and drinks even if they're unwanted. Distract them, if possible, with music, games, walks and things they usually enjoy.
- Tell them what you're doing presently if they're paranoid. For example, tell them "I'm going to make a sandwich now" as you leave the room to do this. Avoid unnecessary phone calls they can overhear and remember that TV and radio may cause anxiety.
- Acknowledge their feelings, calmly reassure them and try asking how you can help. Pressurising, pleading or 'strongly advising' them what to do may increase tension, as will telling them to stop self-harming, if that is an issue.

- Look for triggers that happen just before 'flare ups'. This could be a change in routine or when too much is going on. When you recognise the triggers, it may be possible to avoid new or stressful experiences for a while.
- Wait and don't react too quickly. Use your experience and knowledge of the person you care for to weigh up whether you think the situation will resolve itself or whether you need to involve others and seek professional help. Make sure you ask for support if you need it.
- Remember that you can't control another person's behaviour. You can only do the best you can with the information you have at the time, and you can't take responsibility for their actions, you can only try to help.

How do you get through this?

- When you're feeling under pressure, it's not weak to ask for help - it's a sensible use of resources.
- Call the Samaritans on 116 123 at a time you can talk privately if you need to offload. Talking to friends/family can also be helpful, but there may be differences in how they see the situation.
- Don't neglect yourself. Eating and sleeping and other self-care will help you keep going.
- You may find it helpful to keep a diary to record key events. You can then read back through it to remind yourself what you've already coped with.
- Forget the 'to do' list and delegate daily jobs if you can. When things are quiet, don't feel guilty about having a rest or a treat. It's not selfish; it's survival under pressure.

National charities

The following list provides details for a few highlighted charities whose services may be beneficial for you or the person you care for. For a complete list, including details or local charities, please visit our website: www.berkshirehealthcare.nhs.uk

Age UK

Services for older people, including respite care, social clubs, local groups, support with recovery, befriending and visiting schemes, as well as practical help at home.

ageuk.org.uk

0800 678 1602 (8am – 8pm, 365 days a year)

Alzheimer's society

Advisers provide support by phone, email, social media and through the online forum Talking Point.

alzheimers.org.uk

0333 150 3456 (Mon to Wed: 9am – 8pm, Thu and Fri: 9am – 5pm, Sat and Sun: 10am – 4pm)

Beat Eating Disorders

Support and information to help people with eating disorders, and those who care for them, understand the illness and take positive steps towards recovery.

beateatingdisorders.org.uk

0808 801 0677 (3pm – 8pm, 365 days a year)

Carers UK

Services designed to help carers cope with the pressure of caring, including online information and telephone advice.

carersuk.org

0808 808 7777 (Mon to Fri, 9am – 6pm (excl. Bank Holidays))

Cruse Bereavement Care

Helpline, drop-in centres, one-to-one support, and bereavement groups that can help you make sense of how you're feeling.

[cruse.org.uk](https://www.cruse.org.uk)

0808 808 1677 (Mon to Fri, 9.30am – 3pm)

Money Helper (formerly The Money Advice Service)

Find out what benefits are available to you and how to apply.

[moneyhelper.org.uk](https://www.moneyhelper.org.uk)

0800 138 7777 (Mon to Fri, 8am – 6pm (excl. Bank Holidays))

Rethink Mental Illness

Practical advice and information about The Mental Health Act, social care, welfare benefits, carers' rights, living with mental illness, medication, and more.

[rethink.org](https://www.rethink.org)

0808 801 0525 (Mon to Fri, 9.30am – 4pm (excl. Bank Holidays))

Samaritans

Listening service providing emotional support to anyone in crisis.

[samaritans.org](https://www.samaritans.org)

116 123 (24 hours a day, 365 days a year)

The Silver Line

A free, confidential telephone service for older people, run by Age UK, offering friendship, conversation and support.

[thesilverline.org.uk](https://www.thesilverline.org.uk)

0800 4 70 80 90 (24 hours a day, 365 days a year)

Concerns, complaints and compliments

We need to know when we are getting it right and when we need to improve.

If you feel you are not being provided with appropriate information or involved as you would like in the care that is being provided, please raise any concerns with the relevant team/service if the first instance. If you remain dissatisfied, you can contact our Patient Advice and Liaison Service (PALS). Telephone 0118 960 5027 or email PALS@berkshire.nhs.uk

Out of hours support

Dial 999 for emergency services where the person is at immediate risk

Call 111 for non-emergency help. You will be directed to help that meets you/the person you care for's physical, mental or social care needs in a timely and safe manner.

Further information

Visit berkshirehealthcare.nhs.uk/carers or go to your local authority's adult social services website and search 'carer'.

